

FILED DEC 9 1944

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THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

State File No.

36175

Registrar's No.

10222

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3911 SO. Compton Ave  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Luke Mathews

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 9  
6. (b) Name of husband or wife Emma Mathews 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 4th., 1881  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>6</u>	<u>24</u>	hr. _____ min.

9. Birthplace St. Louis Mo. 19  
(City, town, or county) (State or foreign country)  
10. Usual occupation Packer, Dry Goods

11. Industry or business \_\_\_\_\_  
12. Name Luke Mathews  
13. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Fox  
15. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Mary Mathews  
(b) Address 3911 S. Compton Blvd.  
17. (a) Burial (b) Date thereof 12-1-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary  
18. (a) Signature of funeral director Arthur J. Ronnelly  
(b) Address 3840 Lindell Blvd.  
19. (a) NOV 30 1944 (Registrar's signature)  
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 19  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 3911 SO. COMPTON AVE. (If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28,  
year 1944 hour 6 minute 20 p.m.  
21. I hereby certify that I attended the deceased from 4-21-44  
19 \_\_\_\_\_ to 11-27-44 19 \_\_\_\_\_  
that I last saw him alive on 11-27-44 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Arterio Sclerosis  
(Include pregnancy within 3 months of death)

Major findings: 93  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 0  
23. Signature Dr. P. J. Ferris (M. D. or other)  
Address 406 S. 50th Ave signed 11/29/44

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Rudell

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

*Handwritten signature/initials on the right margin.*